> DO NOT DETACH

| PLEASE TYPE OR PRINT Entered previous May Show |
|---|
| Ves □ no |
| □ Me |
| Mr. Artist Bruce B. B. Bilek |
| Permanent (Last Name Last) |
| Address 32890 Ledgehill Dr. Solon |
| Street City |
| 44139 Tel. Q10 248-6399 |
| Zip Area Code |
| Temporary or 20 790 Ledge LILD Sala |
| Studio Address 32 770 Leagehill Dr Solo |
| Street City 44/3 9 Tel. (2/4 248-6399 |
| Zip Area Code |
| |
| If you do not presently live in one of the counties of the |
| Western Reserve, in which county were you born? |
| |
| Collaborator |
| (If Any) |
| If May Show entries are not accepted or not sold: |
| Artist will pick up at Museum. |
| Museum should dispose of. |
| Museum should ship to artist at aftist's expense |
| to this address: |
| 1 / 1 / 110/9 N |
| |
| Special Instructions |
| When necessary include below instructions or a drawing of |
| how the object is to be assembled and displayed. |
| ARRANGE RANDOM >/ |
| HANG TO FIT ENTRY-REQUIREMENT |
| 41×141 |
| This entry blank must be fully made out and signed. Unsigned |
| entry blanks will not be accepted. |
| Note carefully calendar for delivery and return of objects. It is |
| understood that the Museum will have the right to dispose for |
| its own account any objects not called for by the dates listed, |
| |
| It is also understood that accepted objects will remain on |
| exhibition until July 1, 1984 |
| The submission of objects will be construed as acceptance of |
| all conditions printed in the entry later mation |